

25369

STATE OF SOUTH CAROLINA

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's LimoTRANSPORTATION COVER SHEET
FEB 17 2009Request for Name Change on
Certificate from:Michael Nierwinski DBA/Fairway Moving
ServicesORS
T,T,W,W/Wto
Fairway Moving Services, LLC.

DOCKET

NUMBER: 2008-100-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Michael Nierwinski

Telephone: 843-236-4185

Address: 5063 Westwind Drive

Fax: 843-236-4185

Myrtle Beach, SC 29579

Other: 843-685-3651

Email: movealot@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input checked="" type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

CLASS E AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina
Docketing Department
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896-5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

RECEIVED

FEB 17 2009

DATE: Feb 15, 2009

I have the following Certificate of Public Convenience and Necessity:

ORS
T,T,W,W/W

☒ Class E Household Goods # 9770 ☐ Class E Hazardous Waste # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change
From: Michael S Nierwinski
(Current Name)

Fairway Moving Services
(Current DBA, if Applicable)

To: Fairway Moving Services, LLC
(New Name)

Fairway Moving Services
(New DBA, if Applicable)

☐ Scope of Authority

(Current Scope)

(New Scope)

(NOTE: All requests for expanded scope of authority for household goods movers require the filing of a full application and a formal hearing before the Public Service Commission. Any request to expand beyond three contiguous counties requires additional justification and will require the presentation of a shipper witness(s) at the hearing before the PSC.)

☐ Tariff (change in rates, fuel surcharge, etc. Attach any appropriate documentation)

Michael S Nierwinski
(Name)

Fairway Moving Services
(DBA if applicable)

5063 Westwind Drive
(Street and/or Mailing Address)

Myrtle Beach, SC 29579
(City, State, Zip Code)

Michael S Nierwinski
(Signature)

Owner
(Title)

843-685-3651
(Telephone Number)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

FAIRWAY MOVING SERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on April 24th, 2008, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
30th day of April, 2008.

Mark Hammond
Mark Hammond, Secretary of State

STATE OF SOUTH CAROLINA
 SECRETARY OF STATE

CERTIFIED TO BE A TRUE AND CORRECT COPY
 AS TAKEN FROM AND COMPARED WITH THE
 ORIGINAL ON FILE IN THIS OFFICE

ARTICLES OF ORGANIZATION
 LIMITED LIABILITY COMPANY

APR 24 2008

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is FAIRWAY MOVING SERVICES LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is

5063 WESTWIND DRIVE

Street Address

MYRTLE BEACH, SC 29579

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

MICHAEL NIERWIENSKI

Name

Michael Nierwinski

Signature

and the street address in South Carolina for this initial agent for service of process is

5063 WESTWIND DRIVE

Street Address

MYRTLE BEACH, SC 29579

City

Zip Code

4. The name and address of each organizer is

(a) MARSHA SIHA

Name

10943 MAYFIELD RD

Street Address

HOUSTON

City

TX

State

77043

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

080424-0068

FAIRWAY MOVING SERVICES LLC

FILED: 04/24/2008

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State

FAIRWAY MOVING SERVICES LLC
 Name of Limited Liability Company

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) _____
 Name

 Street Address City

 State Zip Code

(b) _____
 Name

 Street Address City

 State Zip Code

(c) _____
 Name

 Street Address City

 State Zip Code

(d) _____
 Name

 Street Address City

 State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

FAIRWAY MOVING SERVICES LLC
Name of Limited Liability Company

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.
10. Signature of each organizer

Marsha She
(Add Additional lines if necessary)

Date APRIL 16, 2008

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211
4. The first annual report for a Limited Liability Company must be delivered to the Secretary of State between January first and April first of the calendar year after which the Limited Liability Company was organized or the foreign company was first authorized to transact business in South Carolina. Subsequent annual reports must be delivered to the Secretary of State on or before the fifteenth day of the fourth month following the close of the limited liability company's taxable year.

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.